

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 AUG -5 AM 8:43  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103661 (0)

1. Corporation Name

NATURAL INNOVATIONS, Inc.

100002957411--7  
-03/11/99--01081--006  
\*\*\*\*900.00 \*\*\*\*900.00

Principal Place of Business

11062 S. military Trail  
Suite 423  
Boynton Beach, FL  
33436

Mailing Address

11062 S. military Trail  
Suite 423  
Boynton Beach, FL 33436

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0727484

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/P/D	C. S. BUERSTER	11062 S. military Trail Suite 423	Boynton Beach, FL 33436

8. Name and Address of Current Registered Agent

LARRY WOLFE  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FL 32303-6643

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Larry Wolfe*  
REGISTERED AGENT MUST SIGN

Date July 28, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. All fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*C.S. Buerster*

C.S. BUERSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99  
Date

(561)637-6059  
Daytime Phone #

CR2E001 (12/98)

8/9/99